Partner Violence

Chapter Exposed to

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(3) CHAPTER

Defining the Problem

Childhood exposure to partner violence, as we define it here, occurs when children see or hear physical assaults between their parents or observe its effects. Most of the literature focuses on violence in two-parent families, but “parents” should be broadly construed to include stepparents or cohabiting or other intimates or even dating partners of a parent. When we refer to parents in this chapter, we do not mean to exclude other family structures, such as single-parent families. No type of family is immune from this kind of violence.

Much of the research on child observers of partner violence has been based on data from battered women in shelters and thus tends to involve children who have seen their mothers victimized severely—often and chronically. Other patterns of violence can occur but are not as well documented in the literature. The assault victim can be someone besides the mother: a stepparent, live-in partner, or dating partner of the child’s father. In some cases, the mother may be a perpetrator of assault, and the victim the child’s father, stepfather, or live-in or dating partner of the child’s mother (Stets & Straus, 1990). The violence in a child’s home may be entirely one sided, or both parents may use it to varying degrees. Children may see their mothers use violence in self-defense or see their parents trade blows (Stets & Straus, 1990).

Other situations also differ from typical shelter cases. Many children are exposed to less severe violence in homes in which parents occasionally or routinely slap, shove, and throw things at each other. Some children see severe violence but live in homes in which the mothers do not flee or incidents are not reported to police or other agencies (Straus & Gelles, 1990a). The violence that children observe can vary in its onset and duration. Children may live with parents who have been married and violent for many years, or violence may suddenly erupt over money problems or other stressful events. Violence may set in as a marriage disintegrates and either ceases or persists after parents are divorced or separated. Or, children living with a single parent with no history of partner violence may suddenly witness attacks on their parent by a new stepparent or dating partner.

Although children may be exposed to different degrees of violence under a variety of circumstances, the unique and salient characteristic of this exposure is that children observe violence done by or against their parents or both. These children may grow up fundamentally confused about the meanings of love, violence, and intimacy. The parent-child relationship on which a child relies for nurture, security, and guidance is often distorted as children attempt to cope with viewing their parents as victims or perpetrators of violence or both. The partner violence that children observe occurs within their core relationships, and its significance for the children lies in that fact (Aldwin, 1994; Davies, 1991; Hartup, 1989).

Scope of the Problem

Researchers are beginning to establish how many children witness partner violence. Estimates are primarily based on a few surveys asking adults to recall childhood experiences. This research suggests that substantial numbers of children are exposed to adult violence in their homes as they grow up.

Incidence of Child Exposure to Partner Violence

Four surveys asking adults about childhood memories suggest that between 11% and 20% of adults remember seeing violent partner incidents when they were young (Henning, Lettenberg, Coffey, Turner, & Bennett, 1996; J. L. Jasinski, personal communication, June 19, 1996; Straus et al., 1980; Straus & Smith, 1990a). More than 10% of adults surveyed recalled their mothers or fathers hitting each other in the two representative National Family Violence Surveys conducted in 1975 and 1985. In the 1975 survey, 11% of those responding recalled at least one occasion of violence, with 13% reporting their fathers hitting their mothers, and 9% their mothers hitting their fathers. In the 1985 survey, 13% of adults remembered violent incidents between their parents (Straus, 1992; Straus et al., 1980; Straus & Smith, 1990a).

Sixteen percent of those surveyed in the 1992 National Alcohol and Family Violence Survey remembered their parents hitting or throwing things at each other. People were asked to recall incidents that happened when they were teenagers: 7% recalled their fathers as the perpetrator, 4% remembered their mothers hitting and throwing
Severely of Violence That Children Witness

Children exposed to partner violence

chronicity of exposure to partner violence

The prevalence of partner violence varies across different cultures and regions. In some countries, partner violence is more common than in others. Furthermore, the severity and frequency of partner violence can also differ significantly. Understanding the prevalence and characteristics of partner violence is crucial for developing effective interventions and policies to address this issue. This section provides an overview of the current understanding of partner violence, including its occurrence, types, and characteristics.

For how many children without disabilities, the estimate of violence

According to the National Crime Victimization Survey, 1.2% of children under the age of 18 were victims of intimate partner violence in 2019. This rate is higher for girls than for boys, with 1.8% of girls and 0.8% of boys experiencing intimate partner violence. The prevalence of intimate partner violence among children is also higher among children in lower-income households and among those living in rural areas. Additionally, children who witness intimate partner violence are at higher risk of developing mental health problems, including depression and anxiety.
severe violence. One percent of children in the National Youth Prevention Study (11% of those who reported witnessing violence) had seen violence so severe that the victim required hospitalization (D. Finkelhor, personal communication, June 19, 1996), but researchers did not ask more specific questions about the types of violence.

Some parents may try to protect their children from violent marital fights, but people who work with children of women who have sought refuge in shelters note: "[W]e find that almost all (children) can describe detailed accounts of violent behavior that their mother or father never realized they had witnessed" (Jaffe et al., 1990, p. 20). Most children in shelters have witnessed acts of severe violence (Giles-Sims, 1983; Hilton, 1992; Holden & Ritchie, 1991). McCloskey, Figueredo, and Koss (1995), studying children from violent families, some of whom lived at home and some of whom lived in shelters, found that almost one half had witnessed potentially lethal violence such as choking.

**Exposure to Sexual Violence**

Although growing numbers of researchers have become interested in children's exposure to partner violence, few have broached the topic of exposure to domestic sexual assault even though substantial percentages of women who are assaulted by their partners also suffer rape (see Chapter 4). In one study of 115 women from a battered women's shelter who had been sexually abused as well as physically assaulted, 18% reported that their children had witnessed sexual attacks (Campbell & Alford, 1989). The small body of research into marital rape recounts many instances of children seeing or hearing their mothers raped and sexually abused (Finkelhor & Yllö, 1985; Russell, 1990).

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**Different Ways Children Are Exposed to Partner Violence**

When we speak of children being "aware" of or "exposed" to violence, it implies that children are passive observers. This does not mean children are at a distance from what they see. One researcher who reviewed police reports of partner assaults noted the disturbing contexts for children who were witnesses:

They sat crying and frightened and watched what was going on, or they ran into the adjoining room and put their hands over their ears. A seven-year-old girl . . . fainted from fear. A seven-month baby girl lay in her crib in the living room when an explosive fight broke out. It ended with the mother getting beaten and landing on top of the little girl. A four-year-old girl sat weeping in her mother's lap as the father threatened with a knife. (Hyden, 1994, p. 123)

Sometimes children are more than observers; they can be participants in the battles of their parents in varying degrees:

The children were still in the kitchen during all the squabbling. When they saw the knife being waved like a sword, they both started to scream and run for the door . . . He yelled, "I'm going to cut you all into tiny little pieces." (Roy, 1988, p. 174)

A seven-year-old girl witnessed how her father was trying to choke her mother. The girl forced her way in between her parents, and begged and pleaded for her father to spare her mother. (Hyden, 1994, pp. 123-124)

Another woman told me how her 3-year-old son came to her aid, saying: "No, Daddy, no!" And he came behind his father and started hitting him. (Hoff, 1990, p. 204)

Some children are targets of attack, along with their mothers, as in this mother's account:

He got me down and started kicking me. . . . He kicked me three times in the head. . . . He grabbed Amy by the neck and broke Bobby's arm. (Hoff, 1990, p. 34)

Children are also witnesses to sexual abuse:

Then he . . . forced himself into me from behind . . . the whole time he had the knife against my leg. . . . I thought he was going to kill me. . . . And the whole time I could see Anna (their preschooler) standing in the kitchen. (Hyden, 1994, pp. 113-114)

It is easy to see from these accounts how children can become overwhelmed by witnessing violent, emotion-laden scenes between their parents. Children may react intensely to these frightening adult displays, and their reactions may include acute fear for their own and
Harms Children

Why Exposure to Partner Violence

The effects of exposure to partner violence are subtle and complex. Research has shown that children who witness violence are at risk for a range of physical and emotional problems. These problems include anxiety, depression, and decreased school performance. Children who witness violence are also at risk for future relationship problems. The impact of exposure to partner violence can be long-lasting and can affect children throughout their lives.

<table>
<thead>
<tr>
<th>Physical</th>
<th>Behavioral</th>
<th>Cognitive</th>
<th>Emotional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain, fatigue, sleep disorders</td>
<td>Inattention, hyperactivity</td>
<td>Poor academic performance</td>
<td>Anger, depression, anxiety</td>
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Some children may not experience all of these symptoms, but they can still be affected by exposure to partner violence. It is important for caregivers to monitor children for any changes in behavior or appearance that may indicate exposure to violence.

Table 3.1: Symptoms of Children Exposed to Partner Violence

Children who observe partner violence cannot be described as having

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affected by partner violence both directly and also indirectly through the impact the violence has on their parents. Direct effects include physical danger to the child, emotional and behavioral problems stemming from attempts to cope with violence, and the learning of aggressive behavioral patterns. Indirect effects ensue from maternal physical and psychological ill health resulting from the stress of being abused, exposure to paternal anger and irritability, and inconsistent or overly harsh parental disciplinary practices by parents who may be particularly distracted and irritable.

**Direct Influences**

**Physical Danger**

Some children are in physical danger because of the violence in their homes (Jaffe et al., 1990). Proximity to an assault can imperil a child who is nearby when objects are thrown, weapons used, or people shoved and hit. A child may be injured while being held in his or her mother's arms, fleeing, or trying to intervene in an assault. Some children become targets of assault.

Exposure to physical danger is also associated with post-traumatic stress disorder (PTSD) and related symptoms. PTSD is a specific psychiatric disturbance caused by exposure to an extreme stressor that results in the involuntary reexperiencing of the event (in the form of intrusive recollections or dreams), a residue of heightened physiological arousal (as in difficulty falling asleep, irritability, and exaggerated startle responses), and a pattern of avoidant behavior (feelings of detachment or estrangement and emotional constriction; see DSM-IV for exact criteria for diagnosis). Exposure to violence seems to trigger PTSD in children more consistently than other stressors (McNally, 1993). Studies have found that 100% of children who witnessed parental homicide (Malmquist, 1986) or who witnessed a mother's violent sexual assault by strangers (Pynoos & Nader, 1988) qualified for the diagnosis of PTSD. Current theory about PTSD views it as resulting from overwhelming levels of fear and helplessness, particularly combined with perceptions that one is going to be killed or seriously injured, so it is easy to see how PTSD could be triggered by exposure to partner violence. It is not clear, however, how many children who witness less serious forms of partner violence may suffer from PTSD. In one study of 64 7- to 12-year-old children whose mothers had been assaulted by partners in the past year, 13% were suffering from clinically diagnosable PTSD, and the majority of children exhibited some PTSD symptomatology: 52% experienced intrusive, unwanted memories of traumatic events; 19% exhibited traumatic avoidance; and 42% suffered from traumatic arousal symptoms (Graham-Bermann, 1996d).

**Emotional and Behavioral Problems**

Some children from violent homes exhibit symptoms of emotional and behavioral problems that appear to be attributable to the violence they witness (Jaffe et al., 1990). These children are fearful because they are subjected to frightening domestic scenes. They are anxious because they are worried about their safety and the safety of other family members. They are listless from sleepless nights, sad from seeing a parent victimized, angry at one or both of their parents, and depressed because the situation seems hopeless.

Some coping mechanisms that children use to deal with partner violence may cause them trouble. Fearful children may alienate parents, teachers, and day care providers by being aggressive or clingy and dependent (Davies, 1991; Holden & Ritchie, 1991). Some children isolate themselves from peers to keep the family secret of partner violence hidden (Jaffe et al., 1990). Adolescents may run away from home (Carlson, 1990) or anesthetize themselves with alcohol or other drugs.

**Aggressive Behavioral Patterns**

Considerable evidence suggests that children whose parents are violent at home are more aggressive, both at home and in other settings, than children whose parents are not violent (Davis & Carlson, 1987; Dodge et al., 1994; Holden & Ritchie, 1991; Thornberry, 1994). One simple and widely accepted explanation of this, called social learning theory, proposes that children with aggressive parents learn to be aggressive by imitating their parents' behaviors (Bandura, 1973). When parents use violence to exert control, to deal with problems, and to settle conflicts, children come to see aggression as a powerful and appropriate tool for interpersonal relations. Children may identify
chronic exposure to violence. Children who witness partner violence are at higher risk of developing various mental health issues, including anxiety, depression, and post-traumatic stress disorder. Chronic exposure to violence has been linked to lower self-esteem, higher levels of aggression, and difficulty in forming healthy relationships. Children who witness partner violence may also develop physical health problems such as asthma and heart disease.

In addition to these immediate effects, children who witness partner violence may experience long-term consequences. They may have difficulty forming secure attachments, which can lead to problems in school and social relationships. Children who witness partner violence may also have difficulty coping with stress and may engage in risky behaviors such as substance abuse and delinquency. These effects can persist into adulthood, affecting the child's ability to form healthy relationships and make successful career choices.

Methods of conflict resolution may also play a role in the development of children who witness partner violence. Children who grow up in violent homes may have limited exposure to peaceful conflict resolution techniques, which can lead to a lack of social and emotional skills in managing conflict. This can result in a cycle of violence being passed down from generation to generation.

Some researchers have explored the association between the quality of parental relationships and the child's ability to resolve conflicts. Children who grow up in nurturing, supportive environments where parents model healthy conflict resolution strategies are more likely to develop these skills. This can help them manage their own conflicts in a healthy way, reducing the likelihood of violence in their future relationships.

In conclusion, children who witness partner violence are at a higher risk for physical, emotional, and mental health problems. It is crucial for parents, caregivers, and educators to recognize the impact of violence on children and to work together to provide support and resources to help children develop the skills they need to navigate conflicts in a healthy way.

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Childhood Exposure to Partner Violence
violence and were abused, and (d) a comparison group. Although children from both abused groups viewed a perpetrating parent, whether father or mother, more negatively than children from the comparison group, children who witnessed partner violence but were not abused did not view their violent fathers more negatively. They did, however, have more negative perceptions of victimized mothers. (Children from all four groups were similar in the number of positive traits they assigned to their parents.) The impact of paternal behavior on children exposed to partner violence is an important area for future research.

Factors Determining the Extent of the Impact of Partner Violence

Although the above mechanisms help explain why exposure to partner violence can result in trauma and symptomatic behavior, it is not possible to generalize about the form or magnitude of harm to an individual child. Each child will have a different experience. Several factors are particularly likely to determine how a child perceives, responds to, and copes with observing parental violence and how any harm is manifested: (a) the age and developmental level of the child, (b) the nature and severity of the violence witnessed, (c) the family context of the violence, (d) the nature of social interventions, and (e) the cumulative stress factors acting on the child.

Age and Developmental Level

Children's levels of understanding and coping abilities differ with age, and the impact of exposure to violence cannot be assessed without considering a child's developmental level (Davies, 1991; Jaffe et al., 1990; Roseby & Johnston, 1995; Rosenberg & Rossman, 1990).

Infants Through 5-Year-Old Children. Children in this age-group may be disproportionately exposed to partner violence and particularly vulnerable to it (Copping, 1996; Fantuzzo et al., 1997).

Infants are cognizant of the emotional states of others at an early age (Cummings, Zahn-Waxler, & Radke-Yarrow, 1981), and they may be disturbed by the anger and turmoil of a violent household. Moreover, babies require sensitive, responsive caretakers, and mothers who are suffering in violent relationships may be too injured or under too much stress to respond to their infants' distress or to give them the intense physical care they need. As a result, some infants from violent homes may show signs of health problems and neglect. They may be underweight, have problems eating and sleeping, cry inconsolably, and be unresponsive to adults (Jaffe et al., 1990; Layzer et al., 1986). Also, infants are fragile and at risk of being injured in violent homes.

Toddlers and preschool children still rely heavily on their caretakers to help them control emotions and behavior. Children of this age may become increasingly aware of, and disturbed by, the chaotic atmosphere generated by partner violence. They lack the resources to cope with confusing and frightening events on their own and are particularly dependent on caretakers for explanations and reassurance (Davies, 1991; Jaffe et al., 1990). Because they are too immature to regulate their own behavioral and emotional responses without help, they tend to show signs of behavioral and emotional problems if their mothers are too depressed or otherwise incapacitated to provide responsive care (Davies, 1991; Graham-Bermann, 1996b). As they get older, they also begin to think about and try to understand the things that go on around them. Young children who have observed violent domestic scenes need to talk about their experiences with adults who can help them explain and clarify what they have seen. If the children cannot do this, they may try to express themselves by acting out (Davies, 1991).

Children between the ages of 2 and 5 who have been exposed to partner violence often behave aggressively (Graham-Bermann, 1996c), possibly "to ward off imagined aggression" (Davies, 1991, p. 521). Children may also become excessively demanding, talkative, and physically active (Copping, 1996). Boys may exhibit these "externalizing" behaviors more often than girls (Copping, 1996; Cummings, Pelligrini, Notarius, & Cummings, 1989; Davies, 1991). Children of this age may also become whiny and clingy, have trouble sleeping, regress in behaviors such as toilet training, be anxious or sad or both, and have trouble interacting with peers and adults (Davies, 1991; Graham-Bermann, 1996c; Jaffe et al., 1990). Some researchers believe that preschool children are especially likely to feel responsible for violence between their parents because of their developmentally
Children exposed to partner violence

PARTNER VIOLENCE

Children experiencing partner violence are at risk for a variety of negative
outcomes, including emotional and behavioral problems, academic difficulties,
and health problems. Children who witness violence in their home may also
experience a range of psychological symptoms, such as anxiety, depression,
and post-traumatic stress disorder. These children may also have difficulty
concentrating, making decisions, and forming strong relationships. In
addition, children who witness violence are more likely to engage in
delinquency and substance abuse later in life.
The evidence here is inconclusive for several reasons. Studies that find boys have more problems with aggression may simply be reflecting a trend in the general population where boys exhibit more aggression outside the home than girls (Dodge et al., 1994). Moreover, most of these studies are based on mothers’ reports, and some evidence suggests that women who are victims of partner violence rate their sons as more aggressive than other observers would rate them (Hughes & Barad, 1983). Also, these studies use small groups of children, and when the groups are divided by gender, they become even smaller, reducing the statistical reliability of the results. Clearly, this is another area where more research needs to be done.

**Nature and Severity of the Violence Witnessed**

Besides developmental stage, another factor that can influence the impact of witnessing partner violence is the nature and severity of what is seen. Scant research has been conducted on this topic within the field of partner violence, but an extensive literature describes what characteristics of other kinds of violence are more likely to affect a child seriously. It is clear that the greater and more threatening the violence, the more likely it is to have an impact.

Research with crime victims demonstrates that people who are injured or who believe that they could be seriously injured or killed are more likely to experience later traumatic stress symptoms (Kilpatrick, Edmunds, & Seymour, 1992). In studies of PTSD in children, being physically close to an act of violence, hearing screams or cries for help, being closely related to the victim, and seeing bloody wounds or serious injury tend to correlate with amount of trauma, along with duration of the episode, number and nature of threats, and degree of brutality of the act witnessed (Pynoos, Steinberg, & Waith, 1995). The trauma literature has also made an important distinction between exposure to single traumatic events and multiple or chronic traumatic events (Terr, 1990). Chronic exposures tend to produce more devastating and difficult-to-treat problems. Thus, we would expect that children exposed to multiple, ongoing episodes of partner violence over an extended period of time would be more affected than those who witnessed isolated episodes.

**Family Context of the Violence**

Partner violence rarely takes place in the context of an otherwise happy or stress-free family. In addition to marital conflict are other major stressors, such as poverty, unemployment, mental or physical illness, alcohol abuse, and entanglements with the legal or criminal justice system. Moreover, other violence may occur, particularly directed toward the children (Jaffe et al., 1990). These factors can affect the impact of exposure to partner violence.

**Marital Conflict.** In trying to understand the impact of exposure to partner violence, one important theoretical question is the extent to which it can be distinguished from the effects of exposure to marital conflict without violence. Research into the effects of observing partner violence has produced findings that are consistent with a body of research that looks at how overt parental hostility affects the emotional and behavioral development of children. When children who live in "discordant homes," where parents are overtly hostile but the hostility stops short of violence, are compared with children from harmonious homes, they tend to have the same sorts of problems as children from violent homes (Grych & Fincham, 1990). Children from discordant homes are more psychologically disturbed when parental quarrels are frequent and severe (Grych & Fincham, 1990; Jenkins et al., 1989).

Researchers have tried to determine whether children who are exposed to actual violence are somehow different from children who are exposed to parents’ verbal hostility with no violence. Evidence suggests that children who witness partner violence are at greater risk of adjustment problems than children whose parents are simply angry and hostile but not violent (Fantuzzo et al., 1991; Jouriles et al., 1989). Some studies, however, have found no differences between discordant homes and violent homes (Hershorn & Rosenbaum, 1985), and some studies have found only weak differences (Hughes, 1988; Hughes et al., 1989; Sternberg et al., 1993). These studies do find that children from both groups have significantly more problems than do children from nonviolent, harmonious homes.

Taken together, these studies suggest that pervasive conflict that takes the form of overt verbal hostility or violence harms children by causing stress, impairing effective parent-child relationships, and
Part of the reason why some children show higher levels of aggression is because of the stress they experience in their daily lives. These children often live in environments where violence and abuse are common. The stress caused by these situations can lead to long-term effects on the brain, such as changes in the way the brain processes information.

Children who grow up in violent environments are more likely to be exposed to violence, which can lead to higher levels of aggression. This can be seen in the study by Shonkoff and his colleagues, who found that children who live in violent neighborhoods have higher levels of aggression than those who do not.

Another factor that contributes to higher levels of aggression in children is the lack of emotional support and guidance from caregivers. Children who receive little or no emotional support from their caregivers are more likely to show aggressive behavior.

In conclusion, the study by Shonkoff and his colleagues highlights the importance of understanding the factors that contribute to higher levels of aggression in children. By addressing these factors, we can work to reduce aggression in children and create a safer, more supportive environment for all.
The children in shelters were sadder and more withdrawn and depressed than the children at home (Fantuzzo et al., 1991). These children may also be more anxious (Hughes et al., 1989).

Shelter stays are often short, and many problems exhibited by children in shelters may be temporary reactions to family disruption. Problem behaviors may decrease over time during shelter residence (Copping, 1996), and behavioral and emotional problems may decrease for most children living with their mothers in nonviolent homes, within 6 months after leaving the shelter (Wolfe et al., 1986). Because these children tend to have many family problems, it is difficult to isolate the effects of shelter residence. Many battered women's shelters have become sensitive to children's needs and have instituted special programs to assist children during their stay (Jaffe et al., 1990).

**Criminal Justice System.** When police, prosecutors, and criminal courts become involved in partner violence, this increases the potential for additional negative effects on children. In addition to the upsetting exposure to violence, children may now have to deal with the embarrassment of public disclosure, the fears and confusion engendered by the presence of police and the legal system, the disruption of routine, and the possible conflict of loyalties. For example, when police arrive at a home, the children are often afraid that they will be accused of a crime. Police are sometimes not adept at handling children and their fears, and in the confusion surrounding arrest, children can be very disturbed, not understanding what is happening, and may get separated from parents.

Police and prosecutors will often want to interview the children, and the children may have to repeat their stories on many occasions (Whitcomb, Shapiro, & Stellwagon, 1985). Children may experience a crisis of loyalty, not wanting to be responsible for putting their parents in jail. They may also fear retribution by the offending parents, and so they may lie, change their stories, forget details, and end up suffering the ire and frustration of investigators.

Most research on children's involvement in the legal system has been done in regard to child sexual abuse and relatively little in regard to partner violence cases. Sexual abuse cases are similar in some of the stresses they impose on children (crisis of loyalty, police investigation, public exposure), although they do differ in that a child him- or herself has been the direct victim and is the primary witness in legal actions, which certainly adds to the stressfulness. Children rarely have to testify in cases of partner violence.

**Cumulative Stress Factors**

As can be seen from reviewing all these potential contributing factors, it is difficult for researchers to isolate exposure to partner violence from other stressful factors in a child's life. Children who live with violent parents may be particularly prone to experience cumulative stresses. They generally grow up in discordant homes and suffer high rates of abuse. Their parents are likely to move frequently, to have problems with alcohol, and to get divorced (Spaccarelli, Sandler, & Roosa, 1994). In extreme cases, these children are forced to flee their homes for a shelter and to cope with the intrusions of child protective services, police, and criminal justice agencies. Witnessing partner violence is often part of a "cumulative stressor" chain of events (Jaffe et al., 1990), meaning that children with more than one serious difficulty in their lives are more likely to show signs of harm from exposure to violence, maltreatment, and other problems than children who have only one serious problem. The number of stress factors may be even more important than the exact type of stress factor in determining whether a child is harmed (Rutter, 1985). Ultimately, specific effects are probably associated with specific stressors, and generalized stress effects are associated with the number of stressors and magnitude of the total stress burden. But the important point is that witnessing partner violence must be seen in this total context.

**Protective Factors**

Despite the harmful influence of violence and abuse on children's lives, many children who live in difficult circumstances do not show signs of great disturbance. This is possible because protective factors in these children's lives buffer them against the harmful impact of the violence. Studies tend to divide protective factors into three categories: (a) the characteristics of the child, (b) the quality of family support, and (c) the quality of extrafamily support. Children who are adaptable, are particularly intelligent, have unusual talents or strong
The existence of partner violence is usually determined by the market, which is driven by factors such as the prevalence of violence, economic conditions, and social norms. Therefore, it is essential to understand the relationship between these factors and the occurrence of violence.

To determine the relationship between violence and economic conditions, we will conduct a survey of households. The survey will include a series of questions related to the incidence of violence, household income, and other relevant factors. The data collected will then be analyzed to identify any patterns or correlations.

In addition to understanding the relationship between economic conditions and violence, it is also crucial to examine the impact of social norms on partner violence. To do this, we will conduct focus groups with community leaders and members to assess their perceptions of gender roles and attitudes towards violence. The findings from these focus groups will be used to create targeted interventions to address the underlying causes of violence.

Finally, we will work with local organizations to implement interventions that address the root causes of violence. These interventions will include education programs, counseling services, and support groups for both victims and perpetrators.

In conclusion, understanding the complex relationship between partner violence, economic conditions, and social norms is crucial to creating effective interventions. By conducting surveys, focus groups, and implementing targeted interventions, we can work towards reducing the prevalence of partner violence in our communities.

References:
battered women's shelter. The types and severity of partner violence and its frequency are seldom reported.

- The details of a child's exposure to violence, including type of violence, severity, frequency, and recency, are rarely noted. The child's exposure is sometimes assumed, rather than actually determined.

- The existence of important relevant factors is often not assessed, including basic demographic information such as socioeconomic status, race, unemployment, family structure, and age of parents, as well as family factors known to affect children adversely, such as substance abuse by parents, paternal or maternal physical and mental health, pathology and stress, parenting ability, and stability of the home environment.

- Data on children are usually gathered from a single source and often from the mother despite evidence that mothers in battered women's shelters may assess their children's behavior differently from other observers or the children themselves (Hughes & Barnd, 1983; Sternberg et al., 1993).

- Child variables such as age, gender, and intellectual functioning are not always carefully assessed. Older adolescents are rarely studied. Wide age ranges are grouped together without consideration for developmental differences.

- Many of the children participating in these studies are from battered women's shelters, and some of their problems may be attributable to the family disruptions they have undergone, rather than to the violence they have seen.

- Child abuse and neglect are often not assessed despite the high risk in this population of children.

- No longitudinal studies and virtually no follow-up studies have been conducted.

Research is also lacking on the effects of a child's relationship to the perpetrator or the victim of partner violence or both. Although the most frequent scenario may be mother as primary caretaker and victim of violence, this is not always the case. Mothers can be assailants, and violence can be mutual. Children may perceive violence perpetrated by a caretaker quite differently from the way they view violent attacks against a caretaker, and perpetrators of violence may be more or less responsive to the needs of their children than are victims of violence.

The closeness of a child's relationship with the perpetrator is also an unexplored factor. When a mother is the victim of violence, her child's relationship to the perpetrator may range from that of a barely known new dating partner to that of an involved father with whom the child has complicated intimate ties. If the assailant is a father who is also a close caretaker, the situation for the child may be particularly convoluted.

This is a relatively new area of research, and despite these weaknesses, its quality has steadily improved. It is difficult to conduct this kind of research. It is difficult to locate children who have been exposed to partner violence in the general population, and women's advocates and social service and medical practitioners who know of and work with these children may be reluctant to participate in research. Parents may distrust the research process or believe that participating is burdensome. Once a research project is started, the instability in the lives of these children presents obstacles to data gathering and to follow-up. The need to expand this research is compelling, however, given the large percentage of children who may be affected by partner violence.

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**Responding to the Problem**

Responding to children caught up in partner violence is a complex challenge. Concentrating attention and resources on these children requires special effort because, frequently, neither they nor their parents request assistance or attend to the children's crisis, and the urgent situation between the adults is often the overwhelming and compelling focus of those trying to intervene. To ensure that the children are a priority, wherever possible, professionals should be available who can devote their full attention to the situation of these children. It has been demonstrated that children have fewer symptoms when a trained professional is available to advocate for them (Rossman, 1994).

It should be kept in mind that child victims of partner violence come to professional attention in a variety of ways: in crisis situations because of police or shelter intervention in a violent episode between the parents; when the parents seek counseling in a noncrisis situation and the violence is disclosed; or when a child discloses parental violence in the course of some professional contact concerning the child at school, in a mental health setting, or during the course of a child welfare investigation.

Some have raised questions about the utility of intervening on behalf of a child witness when the parents are not ready to admit to
Nonvictims: Situations

Situations that develop initial strategies for managing overstimulating feelings.

Child safely needs for food, shelter, and other care that have not been met.

A child who is exposed to violence has created an environment in which child's report would likely be regarded as evidence suggesting that there are any signs that violence of violence of children, evidence of child maltreatment in all cases, a report should be made. For families, which are secure that a child has been at a child's risk. The child's risk factors may be necessary, most child protective.

A child whose report may not be necessary, most child protective.

To access the family's needs and how to take other precautions.

Prevent parent education that teaches about the impact of exposure to violence.

Provide crisis counseling.

Report child abuse situation needs.

Conduct follow-up assessment.

Conduct nonvictim assessment.

Provide crisis education.

Table 3.2: Criteria for Prerequisites

Partner Violence
the recommended practice to screen for possible partner violence in all child, marital, and family assessment situations, they are turning up an increasingly large number of exposed children.

When disclosure of violence exposure comes through contact with a child's parents, the parents should be asked in detail about the circumstances of exposure and their assessment of its impact on the child. Parents are frequently unable to assess impact on children accurately, however. An independent interview with the child is required in order to make that assessment (Jaffe et al., 1990).

The discovery of violence can also come through contact with the child, who may disclose it to a school guidance counselor or to a pediatrician in a routine visit. These situations are a challenge to handle because of the competing needs to protect the child's confidentiality and the safety of the child and possibly other household members. Thus, the practitioner receiving the disclosure must explore the situation with the child to know whether the child is in danger of retaliation, what kinds of dangers other household members face, and whether the child is comfortable with any practitioner communications with either parent. Adding to the dilemma, depending on the age of the child, practitioners in many states cannot provide counseling to a child without parental permission. Moreover, children who have been abused and threatened are subject to mandatory child abuse reports, whatever the wishes of the child. Thus, although the goal is generally to get support and counseling for the child and assistance to the family, the route to these outcomes may be complicated, depending on the details of the situation.

Assessment

A thorough assessment should be made of a child who has been exposed to partner violence; screening protocols suited to the child's developmental level should be used. During this assessment, practitioners need to establish a respectful, understanding relationship with the child and not press prematurely for disclosures before adequate trust is established.

Particularly for a preschool child, assessment requires observation of the child alone, with the mother, and even in the whole family context at home or in the clinic. Starting with preschoolers and up through adolescents, clinical interviews with children are possible.

These interviews are often greatly facilitated by the use of drawings, art materials, and other forms of creative, nonverbal expression.

The information that needs to be elicited during the clinical interview includes the kinds of violence to which the child has been exposed; whether the child him- or herself has been the target of violence; the identity of all individuals who may be violent in the child's environment, including sibling and peer violence; and the nature of any physical punishment the child may have been receiving. It is important to explore whether the child is concerned about his or her own safety or about the safety of a parent or other family member. If violence has been directed toward the child, a medical examination is likely warranted to check on the child's health and to establish any evidence of child abuse. As in the case of a crisis evaluation, an assessment of whether the child is at risk for abuse or neglect and whether he or she is receiving adequate parental care must be made.

Assessments are generally facilitated by the use of some structured instruments and assessment protocols. One assessment for exposure to violence, though not specifically marital violence, is the Survey of Children's Exposure to Community Violence (Martinez & Richters, 1993). The Conflict Tactics Scale (Straus, 1979; Straus & Gelles, 1990b) can be used for a specific inventory of partner violence, but so far it has been primarily developed as a research tool, rather than as a clinical instrument, particularly in regard to child interviews.

A good instrument is important for assessing the various kinds of symptoms and problem areas that a child may be manifesting. The Child Behavior Checklist (Achenbach & Edelbrock, 1984) has forms both for parental administration and for child self-administration. Sources for several other instruments are listed in the appendix at the end of this chapter.

General Case Management Issues

Cases involving children exposed to marital violence often entail some difficult case management issues that professionals need to anticipate and plan for. One common problem is unwillingness to accept treatment or intervention. Parents may prohibit help for their child because they are afraid of further disclosures of family violence or because of general hostility toward "meddling outsiders." The control tactic in some violent families is for the abuser to try to isolate
may be struggling from the psychological effects of their phase, and the effects of partner violence can appear in a different way. When they are dealing or in their parents, they need support. Children are often on the rise of violence in the course of partner violence. Another factor that needs a sense of reassessment in relation to the clients is the question: "What can we do to help them during the difficult times?"

**Partner Violence**

Partner violence is often found in families where there is an absence of financial resources, low educational levels, and a history of violence in the family. Children who grow up in these environments are more likely to experience violence in their own relationships in the future.

**Custody Issues**

Custody issues are often unavoidable when dealing with adult clients. Children in a more difficult situation tend to be more vulnerable and need help in different ways. Children exposed to Partner Violence

The family's situation in relation to partner violence helps to see the situation as it is for the client. Children should be presented to parents or other stronger and more resilient groups of professionals. This concerns an increasing number of communities that have developed comprehensive strategies to help children who are affected by partner violence.

In more vulnerable situations, issues related to the family's decision-making processes and more so to how and why decisions are made, can lead to significant difficulties in children's lives. Children's situations are often complex, and the decisions made can have long-lasting effects on their lives. It is essential to consider the psychological impact of such decisions. Children who grow up in violent situations may develop a sense of helplessness and a lack of trust in authority figures. It is crucial to ensure that these children receive appropriate support to help them overcome the challenges they face.
possible homelessness and financial instability related to their need to leave the home in a precipitous fashion. Moreover, custody arrangements determined by courts often entail the need to exchange children and to communicate about the details of the children's needs and living arrangements. Sometimes these needs can set up victims for additional harassment and possibly violence from their violent partners.

Thus, the need is for those who work with children who have witnessed partner violence to be familiar with the many sensitive and difficult issues that custody decisions can pose for children and parents. These professionals must be prepared for the rancor and intensity with which these issues can be battled— including the possibility of exaggerated or false claims on all sides and attempts to triangulate children into the conflict. They should be aware of and anticipate the impact these disputes may have on children. They also need to recognize that they may be called on to make assessments that will play an important role in court decision making.

Specialized agencies and professionals now provide assistance in this process. For example, at visitation centers, children can be with parents under supervised conditions, or ex-partners can meet to exchange children or negotiate child management issues. Those who may have contact with child witnesses to partner violence should be familiar with these resources.

Treatment Issues

Although all children exposed to partner violence need to be assessed, not all children need treatment or can necessarily benefit from it, although many can. It is important to assess this before referring for or starting a course of treatment. Children who are not symptomatic, who have good coping abilities and support systems, who have not been exposed to lengthy or highly disturbing violent episodes, or who are not particularly interested in therapy may not be appropriate for therapy. Such children can be given some brief prophylactic information that may facilitate their getting help if they should begin to experience difficulties.

Decisions about type of treatment and length of treatment should be based on an assessment of the child's problems, the child's developmental level, and the family context. Sometimes the clinician does not have enough information at the outset and may wish to set a course of treatment that will be reassessed at a later point.

Short-term treatment may be sufficient for a child suffering from traumatic stress and adjustment problems, but not more deeply rooted behavioral problems. These more readily treated problems tend to involve anxiety and fears, feelings of self-blame, hopelessness and discouragement, anger, and revenge fantasies.

One component of short-term work with children, especially those who have witnessed disturbing scenes, is trauma processing. This involves getting the child to describe, often with the assistance of drawings and play activities, all the details of the traumatic event and the emotions that were evoked. The goal is to help the child begin to master and gain some ability to manage the strong feelings and images evoked by the experience (Terr, 1990, cited in Rossman, 1994). Trauma processing can be done in play therapy or in mother-child dyad situations for younger children and in individual or group therapy for older children and adolescents. Some children will need time before they are ready to deal with the traumatic events in the therapeutic setting.

Another component of short-term work involves reduction of feelings of responsibility and self-blame. Steps must be taken to lessen the children's sense of responsibility by making clear to them that their own behavior or qualities are not the basic source of the violence or conflict and that, as children, they are not capable of stopping the violence or protecting their parents on their own.

A child's developmental level will be an important consideration in the form that treatment will take. Infants primarily require a reestablishment of a safe and secure environment where a caretaker can deal reliably and responsively with infant needs for food, sleep, and physical contact. Therapy with toddlers and preschoolers is largely organized around play activities. For school-age children and adolescents, group settings can be a particularly effective form of treatment. School-age children and adolescents often have acute feelings of isolation and stigma resulting from their family situation that is readily dealt with in groups of children from similar violent families. Peled and Davis (1995) describe a short-term group approach to working with 8- to 13-year-olds in a model that is widely accepted as a way of working with children exposed to partner violence (Jaffe et al., 1990). Some preliminary evaluation studies of these support groups have been done (Grusznoki, Brink, & Edelson, 1988; Peled & Edelson, 1992;
Children Exposed to Partner Violence

Implications

Long-Term Trauma

Childhood and later reactions, and one who is able to respond to the stresses and feel the reactions, and one who can take responsibility for the part.

Wear & Tear: ‘995. These groups seem to work best with all...
6. Work with child witnesses should take into account developmental level and cultural differences in parenting and family practices.

7. Professionals working with child witnesses need to coordinate and collaborate energetically with a variety of other professionals involved in these cases, such as shelter workers, police, prosecutors, attorneys, judges, and parents' therapists.

8. Partner violence implies some disruption of, or compromise to, parenting abilities and resources, and therefore work with adult victims and perpetrators of partner violence needs to focus on developing and maintaining healthy parenting practices.

9. Professionals working with violent partners and their children should be familiar with the difficult custody issues posed by separation and divorce in such families. Services that provide visitation centers and facilitate exchange of children and communication about child custody issues are needed.

10. Parent education programs for new parents and others in the community should include material alerting parents to the impact on children of witnessing violence; this is a way of trying to discourage violence from occurring, but also a way of encouraging parents to better protect and get help for children who do get exposed.

**General Implications for Public Policy**

The widespread prevalence of partner violence and its clear association with negative impacts on children contain an important message for public policy: Screening for exposure should take place much more consistently and universally than is currently the case in every environment where children are screened for problems, including pediatric visits, school counseling programs, emergency rooms, and child welfare investigations. This means that agencies and professionals who screen for spousal abuse should make sure they inquire about children’s exposure (Jaffe et al., 1990). Likewise, it means that agencies and professionals who screen for child abuse should also look for exposure to partner violence.

Moreover, the realization that children can be traumatized by violence from a variety of possible sources suggests that screening should be as broad as possible and not limited to one or two narrow forms of violence or abuse. In addition to child abuse and parental violence, children are traumatized by exposure to peer and sibling violence, encounter violence at the hands of nonfamily caretakers, and in some communities witness a great deal of violence in their streets and neighborhoods. Discussions are available on the wide range of children’s violence exposure (Finkelhor & Dziuba-Leatherman, 1994), and protocols exist for screening systematically for such exposure (Martinez & Richters, 1993).

**Conclusion**

Research and practice concerning child witnesses of partner violence are still in the beginning phases and have yet to achieve the maturity of work that has been done with adult victims. A great deal is now recognized, however, and the clear message is that practitioners need to make concern about such children a central aspect of interventions. One of the most serious challenges is learning how to integrate this concern in a natural and organic way into the work with adult victims and perpetrators. The result is certain to be a major advance in the mitigation of suffering caused by partner violence and a stronger bulwark against its transmission onto future generations.
Assessment Instruments

Sources for

Appendix